

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

**NAME:** INTERIOR, FISH AND WILDLIFE  
**FACILITY:** HAGERMAN NATL FISH HATCHERY  
**ADDRESS:** 3059-D NATL FISH HATCHERY ROAD  
HAGERMAN, ID 8332

IDG130004  
**PERMIT NUMBER**

**DISCHARGE NUMBER**

**DMR MAILING ZIP CODE:** 83332


**MAJOR**  
**(SUBRO05)**  
**RECEIVING WATERS**  
External Outfall

**ATTN:**BRYAN KENWORTHY  
Discharge

**MONITORING PERIOD**  
**YEAR MO DAY** FROM 12 3 01 TO 12 3 31

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centig	SAMPLE MEASUREMENT	*****	*****		*****	13.2	13.2				
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO.AVG.	Req. Mon. DAILY.MX	deg C		Quarterly	METER
pH	SAMPLE MEASUREMENT	*****	*****		8.4	*****	8.4				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	METER
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	0.024	0.024				
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO.AVG.	Req. Mon. DAILY.MX	mg/l		Quarterly	COMPOS.

Name/Title Principal Executive Officer  Bob Turk Acting Project Leader	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)		Telephone (208)837-4896		Date 2012/4/2	
			Signature Of Principal Executive Officer or authorized agent	Area Code	Num	Yr
Typed or Printed						

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**  
Results are for the 1<sup>st</sup> quarter sampling period.

*Handwritten signature and date: 4/11/12*



# United States Department of the Interior



## FISH AND WILDLIFE SERVICE

Hagerman National Fish Hatchery  
3059-D National Fish Hatchery Road  
Hagerman, Idaho 83332  
(208) 837-4896 (ph)  
(208) 837-6225 (fx)

### *Facsimile*

**To:** Al Vann

**From:** Bob Turik

**Date:** 4/2/2012

**Subject:** Change of Date on Receiving Water DMR.

*Not DMR  
attachment*

Bob Turik  
Assistant Project Leader  
Hagerman National Fish Hatchery  
bob\_turik@fws.gov

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PERMIT NUMBER

001A  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 83332  
MAJOR  
(SUBRO05)  
RACEWAYS  
External Outfall

ATTN: BRYAN KENWORTHY

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
12 03 01 12 03 31

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	1	1					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0					
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	CALCTD	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	1	1					
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	0.0390	0.0390					
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Phosphorus, total (as P)	SAMPLE MEASUREMENT	9.00	9.00		*****	0.0270	0.0270					
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	CALCTD	
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	0.0120	0.0120					
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****		*****	*****	N/A					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Name/Title Principal Executive Officer	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)					Telephone		Date				
Bob Turik Acting Project Leader						(208)837-4896		2012/4/9				
Typed or Printed						Signature Of Principal Executive Officer or authorized agent		Area Code	Num	Yr	Mo	Day

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
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*NetDMR 4/10/12*



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PERMIT NUMBER


001A  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 83332  
MAJOR  
(SUBRO05)  
RACEWAYS  
External Outfall

ATTN:BRYAN KENWORTHY

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
FROM 12 03 01 TO 12 03 31

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****	*****	N/A					
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	61.80		*****	*****	*****					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	ft3/sec	*****	*****	*****			Monthly	MEASRD	
Name/Title Principal Executive Officer	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)							Telephone		Date		
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Typed or Printed					Signature Of Principal Executive Officer or authorized agent			Area Code	Num	Yr	Mo	Day

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
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HAGERMAN, ID 8332

IDG130004  
PERMIT NUMBER


OSBA  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 83332  
MAJOR  
(SUBRO05)  
OFF-LINE SETTLING BASIN  
External Outfall

ATTN:BRYAN KENWORTHY

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
FROM 12 03 01 TO 12 03 31

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Temperature, water deg. centig	SAMPLE MEASUREMENT	*****	*****		*****	14.0	15.4					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	METER	
pH	SAMPLE MEASUREMENT	*****	*****		7.9	*****	8.1					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	METER	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	3.46	3.46					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Solids, total suspended	SAMPLE MEASUREMENT	41.5	41.5		*****	2.46	2.46					
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	67 MO AVG	100 DAILY MX	mg/l		Quarterly	CALCTD	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	216.0					
00530 SC 0 Influent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	0.108	0.108					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	0.2650	0.2650					
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
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Bob Turik Acting Project Leader								(208)837-4896		2012/4/9		
Typed or Printed								Area Code	Num	Yr	Mo	Day

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Results are for the 1<sup>st</sup> quarter sampling period.





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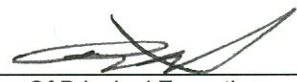
OSBA  
**DISCHARGE NUMBER**

**DMR MAILING ZIP CODE:** 83332  
MAJOR  
(SUBRO05)  
OFF-LINE SETTLING BASIN  
External Outfall

ATTN:BRYAN KENWORTHY

**MONITORING PERIOD**  
**FROM** YEAR MO DAY **TO** YEAR MO DAY  
12 03 01 12 03 31

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Phosphorus, total (as P)	<b>SAMPLE MEASUREMENT</b>	4.27	4.27		*****	0.2530	0.2530					
00665 2 0 Effluent Net	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	CALCTD	
Flow, in conduit or thru treatment plan	<b>SAMPLE MEASUREMENT</b>	*****	1.13		*****	*****	*****					
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	ft3/sec	*****	*****	*****			Monthly	MEASRD	
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****		98.86	*****	*****					
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****		90 MINIMUM	*****	*****	%		Quarterly	CALCTD	
Name/Title Principal Executive Officer	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)				 Signature Of Principal Executive Officer or authorized agent			Telephone		Date		
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PERMIT NUMBER

SUMA  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 83332  
MAJOR  
(SUBRO05)  
FACILITY TOTAL  
Sum

ATTN: BRYAN KENWORTHY

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
FROM 12 03 01 TO 12 03 31

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS						
Solids, total suspended	SAMPLE MEASUREMENT	41.5	41.5		*****	*****	*****							
00530 T 3 See Comments	PERMIT REQUIREMENT	2068.2 MO AVG	3929.5 DAILY MX	lb/d	*****	*****	*****			Quarterly	CALCTD			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	13.27	13.27		*****	*****	*****							
00665 T 3 See Comments	PERMIT REQUIREMENT	17.8 MO AVG	26.3 DAILY MX	lb/d	*****	*****	*****			Quarterly	CALCTD			
Name/Title Principal Executive Officer	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)							Telephone		Date				
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**DMR MAILING ZIP CODE:** 83332  
MAJOR  
(SUBRO05)  
RECEIVING WATERS  
External Outfall

ATTN:BRYAN KENWORTHY

**MONITORING PERIOD**  
**YEAR MO DAY**  
**FROM 12 3 01 TO 12 3 31**

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centig	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****	13.2	13.2				
	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	METER
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****		8.4	*****	8.4				
	<b>PERMIT REQUIREMENT</b>	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	METER
Nitrogen, ammonia total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****	0.024	0.024				
	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS
Name/Title Principal Executive Officer		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)					Telephone		Date		
Bob Turik Acting Project Leader							(208)837-4896		2012/4/9		
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## National Pollutant Discharge Elimination System (NPDES) Permit

### Section II.E.6

Summary and evaluation of sampling:

Chelated copper compounds or copper sulfate used: None

Problems with sample collection: None

Problems with sample analysis: None

Conditions at site: A treatment for a disease outbreak in freshwater-reared salmonids as described in chart below:

	Treatment 1	Treatment 2
Chemical Name	Terramycin	Terramycin
Active Ingredient	oxytetracycline	oxytetracycline
NADA #	038-439	038-439
Reason for Use	Furunculosis	Furunculosis
Feeding Date	3/1/2012 – 3/4/2012	3/5/2012 – 3/14/2012
Treatment Concentration	4,000 grams oxytetracycline / ton feed	4,000 grams oxytetracycline / ton feed
Feeding Rate	1.8% biomass	1.8% biomass
Total Chemical Use	1,780 grams	1,200 grams
Raceways Treated	37, 40, & 57	53
Chemical Manufacturer	Phibro Animal Health	Phibro Animal Health
Feed Manufacturer	Rangen Inc.	Rangen Inc.

